

CHARLOTTE FIRE DEPARTMENT

FIRE PREVENTION BUREAU

Carnival and Fair Permit Application

This is the name or company and mailing address of the permit applicant. NOTE: You must provide name of event. Name: Name of Event: Name of Event: Name of Event:	Applicant				
Address:					
Phone Number: () Fax Number: ()	Name: Na	ame of Event:			
Location and Date(s) of Event This is the name and address of the actual location of the carnival or fair. Facility Name: Show Date(s): Address: City: State: Zip Code: Emergency Contacts Provide the names and phone numbers of a minimum of two show contacts. 1. Ph: () Cell/Pager: () 2. Ph: () Cell/Pager: () Responsible Applicant Name: Title: Signature: I certify that the information provided and contained herein is true and accurate to the best of my knowledge. The issuance of a permit shall not be deemed as approval to violate any provisions of the North Carolina State Fire or Building Codes. The code official has the right to inspect the premises to ensure compliance with provisions of the fire code and has the authority to cease all activities for unsafe and non-compliant practices. NOTE! A set of scaled drawings shall be submitted with this application and be available at the show site for reference by the fire official at his or her request. Return this completed application and check to: Charlotte Fire Department – Fire Prevention Bureau Site for reference by the fire official at his or her request. Return this completed application and check to: Charlotte Fire Department – Fire Prevention Bureau Office directly CFD Office Use Only Permit Code: 4 Fee: \$ 190.00 Permit No. Check No. Valid From: / / Valid Through: / / / Sulid Through: / / / / Sulid Through: / / / / Sulid Through: / / / / / / / / / / / / / / / / / / /	Address:		Unit/Suite:	Zip Code:	
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Name:			Cell/Pager: ()	
Name:	2. Ph: ()	Cell/Pager: ()	
Name:					
Signature:	Responsible Applicant				
Signature:	Nama: Title:				
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mnormanon conected RV.	Information Collected By:				

Entry Date: ____/ ____ Entered By: _____